PTO/SB/06 (08-03)
Approved for use through 7/31/2008. OMB 0651-0092
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Γ	PA	TENT	APPLIC	CATIO	N FEE DET	EDRAIN A T	nd to	a collection of	information u	dess it dis	plays a valid OA	AB control numb
-				Subst	itute for Form P	TO-875		RECORL	) 	<u>  77</u>	748	386
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL	L ENTITY	OR		IER THAN LL ENTITY
FOR NUMBER FILED					) rum	BER EXTRA	Ì	RATE	FEE	7		
	BASIC FEE (37 CFR 1.16(a))						7	10016	395	-	RATE	FEE
10	TAL CLAIMS CFR 1.16(c))						1	-		- OR	<b>-</b>	1.790
INDEPENDENT CLAIMS				minus 2	10 ± 1	*   '		x . 25 -	<del> </del>	OR	x <u>350</u> =	
	(37 CFR 1.16(b)) minus 3 = -						4	× 1/00 =		OR	x .200.	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+180=		OR	+:360	1
. 11	* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		. OR	TOTAL	
	C	CLAIMS	AS AME	ENDEC	– PART II							•
7	10.06							SMALL	ENTITY	OR		ER THAN
AMENDMENT A		CLA REMA		-	HIGHEST NUMBER	PRESENT	]			7		LENTITY
		AFT AMENO	ER		PREVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL
M	Total (37 CFR 1.16(e))	11		Minus	20	1	U	× 35 /		OR	x.50.	FEE
Ä	Independent (37 CFR 1.16(b))	1		Minus	"3		1	×:100=		OR	× : 200=	7
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d))						11	480 .		OR	+,360-	<del>/                                    </del>
						<del></del>	, ,	TOTAL ADD'L FEE		OR	TOTAL	<del>}</del>
	(Column 1) (Column 2) (Column 3)							7000126	L	JOK	ADD'L FEE	L
AMENDMENT B	1/1	CLA!			HIGHEST NUMBER	PRESENT	1 [		· ·	1		<del></del>
	18/07	AFTE	R		PREVIOUSLY	EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	AMENDI		Minus	PAID FOR	=	U	0.5-	FEE		<b></b>	FEE
	(37 CFR 1.16(cj) Independent (37 CFR 1.16(bj)		<del>-  </del>	Minus	<del></del>		<b>!</b> }-	x , 25.		OR	x : <u>5</u> 0 =	
					-2		-	x s <u>100</u> =		OR	× \$_200=	
$\supseteq$	FIRST PRESENT	ATION OF M	ULTIPLE O	EPENDE	NT CLAIM (37 CF)		+:180=		OR	+3/00		
								TOTAL ADD'L FEE	(	OR	TOTAL ADD'L FEE	
		(Column	1)		(Column 2)	(Column 3)		•		,		
AMENDMENT C		CĻAIN REMAIN	is	· T	HIGHEST		Г			í		
	. ]	AFTE	R	ı	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total (37 CFR 1.16(c))	·		/linus	**	9	h	.25 -	FEE	}	<u>~</u>	FEE
	Independent (37 CFR 1.16(b))	•	- N	linus		<del></del>	-	100 =		OR	×: <u>50</u> =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))									OR	× : 200 -	
					Contract (or CPR	1.10(0))		180 = OTAL	<del></del>	OR	+ 360=	
	If the entry in col	lumn 1 is la	ss than th	e entr-i	n column 2, write	"O" in anto-		DOLFEE		OR	ADD'L FEE	
	HUR HIDDEST N	umnar Pro	aniety Po	id 500 11	いていり くりょうにん	lacether as .		20".	•		<del>-</del>	
	The "Highest Nur	mber Previ	wusiy Paid welv Paid	End (To	N THIS SPACE IS	iess than 3, en	ter 3	'. 				- 1

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.